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PTO/SB/22 (10-00)

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| L | PETITION FOR EXTENSION (| OF TIME UNDER | R 37 CFR ⁴ | 1.136(a) | Docket No. (Optional 27380200220 |
|----------|--|---|-------------------------|------------------|--|
| | | In re Application of | Jacob St | ten PETERS | SEN |
| | | Application Number | 64,682 | F | iled April 22, 19 |
| | | | TS FOR INDU | | UCOSAL BINDING IFIC IMMUNOLOGICAL |
| | | Group Art Unit | 1645 | Examine | er R. Swartz |
| | This is a request under the provisions o reply in the above identified application. | | extend the | period for fi | ling a |
| . 1 | The requested extension and appropria (check time period desired): | | ee are as foll | lows | |
| | One month (37 CFR 1.17(a | a)(1)) | | | \$ |
| | Two months (37 CFR 1.17) | (a)(2)) | | | \$ |
| | Three months (37 CFR 1.1 | 7(a)(3)) | | | \$ 930.0 |
| | Four months (37 CFR 1.17 | (a)(4)) | | | \$ |
| | Five months (37 CFR 1.17) | (a)(5)) | | | \$ |
| | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown | | | | |
| | above is reduced by one-half, ar | nd the resulting fee is | s: \$ | | |
| | A check in the amount of the fee | is enclosed. | | | |
| | Payment by credit card. Form P | TO-2038 is attached | d. | | |
| | The Commissioner has already in this application to a Deposit A | | harge fees | | |
| | The Commissioner is hereby aut | _ | - | - | quired, or credit |
| l | any overpayment, to Deposit Ac I have enclosed a duplicate copy | | 03-195 Fransmittal F | | SB/17) is attached to th |
| | submission in duplicate. | • | | • | , |
| | I am the applicant/inventor. | | | | |
| l | | of the entire interest. or 37 CFR 3.73(b) is | | | B/96). |
| | x attorney or agent of | record. | | | |
| | | nder 37 CFR 1.34(a) | | | |
| | Registration number | r if acting under 37 CFF | R 1.34(a) | 2 / | |
| | July 14, 2003 | | | hanta | |
| 3 HAL | Date .I11 00000052 031952 09064682 | | | | Signature |
| ~ 1 Life | 930.00 DA | | S | | su, Reg. No. 43,318 or Printed Name |
| 3 | | | | | |
| 3 | NOTE: Signatures of all the inventors or assig if more than one signature is required, see bel | gnees of record of the enti- ow | re interest or the | ir representativ | re(s) are required. Submit mu |